

Epilepsy News

The Quarterly Newsletter of Epilepsy Newfoundland and Labrador

Spring 2006

The Puzzle of Diagnosing Epilepsy

You say you just had a seizure, or at least you think it might have been a seizure? Is it epilepsy? Well, maybe. The process of diagnosing epilepsy is rarely a simple one, and often involves a lot of fitting puzzling pieces together to get a relatively clear picture of what might be happening.

A person is diagnosed as having epilepsy only if they have **repeated** seizures. Anyone can have a single seizure at some point in their life, but a one-time seizure is not epilepsy. To be epilepsy, the person must have recurring seizures.

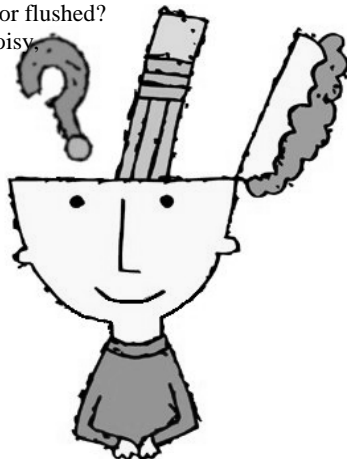
After a seizure, your GP should refer you to an appointment with a neurologist, who will do an assessment to determine if it might be epilepsy. This assessment and a diagnosis will be based on a number of things.

What Happened?

Very important in the diagnosis of epilepsy will be the observations of those around you. The things that happened directly before, during, and directly after the seizure will give the neurologist a sound basis to work with in determining the type of seizure and possibly what, if anything triggered it.

Some things that can be helpful to find out from onlookers:

- Where and what were you doing before the seizure?
- Did your mood change?
- Did you mention any unusual sensations, like an odd smell/taste?
- Did you have any warning that the seizure was going to happen?
- What made them notice the seizure (noise/a fall/eyes roll/head turn)?
- Did you lose consciousness or were you confused?
- Did your colour change, become pale or flushed?
- Did your breathing change, become noisy, or look difficult?
- Did any part of your body stiffen, jerk or twitch and if so which?
- Did you mumble, wander about or fiddle with your clothing?
- Did you wet yourself?
- Did you bite their tongue or cheek?
- How long did the seizure last?
- How were you after the seizure?
- How long was it before you were fully aware again?



Medical History

Medical information will be taken to determine if you might have factors in your history which may predispose you to seizures and epilepsy. Things such as meningitis, encephalitis, stroke, family history of epilepsy, alcohol or drug usage, head trauma, and others are all known to be possible precursors of the development of epilepsy. Other medical conditions such as diabetes, can cause a person to have a seizure, but do not necessarily cause epilepsy.

Testing

Typically, no test can say **for certain** if you have, or don't have epilepsy. But when information from the tests is added to the other information, this builds a clearer picture of what happened and may guide diagnosis and treatment.

Blood tests - Often used to rule out other possible causes of the seizures, such as low blood sugar levels and diabetes.

Electroencephalograms (EEG) - Used to record the electrical activity of the brain by picking up signals from the brain cells through electrodes placed on the head. An EEG will show very specific brainwave patterns if a person is having a seizure. The downside is that you must be having the seizure while connected to the EEG for evidence of it to be seen on the scan

CT or CAT scans and MRI scans - CT or MRI scans may be used to help find the cause of your seizures. The scans produce pictures of the brain, which might show a physical cause for epilepsy, such as scarring on the brain. Even if nothing unusual is found on the scan, you may still have epilepsy.

Pamela Anstey, ENL, April 20th, 2006

<i>The Puzzle of Diagnosing Epilepsy</i>	1
<i>Luke's Life</i>	3
<i>March Awareness 2006 Recap</i>	5
<i>Wheelchairs & Seizure First Aid</i>	6
<i>Medication Profile - Neurontin</i>	6
<i>Announcements and Notices</i>	7
<i>Door to Door & Special Events Reports</i>	8
<i>A Little Time Out</i>	9

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Notes from Pam

I've been thinking a lot lately on various things that our office might be able to do to better get the word out to even more people about epilepsy and seizures. It often seems that people aren't really interested unless they are personally affected by epilepsy. That saddens me, because as you know, almost everyone will be touched by it at some point. Whether it is their spouse or child or parent or themselves, most everyone will be affected eventually.

But despite that, we must still do all we can to educate people about the disorder. Which brings me back to my original point, what can we do to get the buzz on epilepsy into the consciousness of the general public?

During March, I had tried several types of events both for members and for the public. Unfortunately a couple of our events - Brain Day and the Bowling Party didn't have enough people interested to warrant going ahead with them. And that's ok. I can appreciate that people have busy lives, or perhaps it wasn't the sort of thing that people wanted to do. I've also tried on several occasions to gather enough to develop some sort of support group, but that too seems to fall victim to low numbers.

We are a big province, and distance often makes it impossible for people who would be interested in events to be able to attend. This is the reality of it. But that isn't going to stop us one bit.

What would you like to see happening? What sorts of events or information or internet resources would you be interested in? I would really like to know and will get cracking on all suggestions.

One thing that is coming up that everyone will be able to access is an online message board forum on our website. There, people will be able to post messages, stories or questions and other members or staff here at ENL will respond. Look for the forums coming to our website soon.

Pamela Anstey
Information Officer

Disclaimer

The materials contained in the Epilepsy Newfoundland and Labrador newsletter are to provide general information about epilepsy to the public. The information presented is not intended as medical or legal advice. Epilepsy Newfoundland and Labrador, its employees, board members, medical advisors, volunteers, agents and sponsors do not assume responsibility for inaccuracies or omissions or for the consequences from the use of the information obtained in this newsletter. Epilepsy Newfoundland and Labrador is not liable for any outcome or damages resulting from information in either a direct or indirect form. We recognize that each individual's experience of epilepsy is different. Consult your physician and/or neurologist with any questions you have.

People with epilepsy should never discontinue anti-epileptic medications or make changes in activities unless specifically advised to do so by an attending physician.

Luke's Life

Luke Noftall isn't well-known like Julius Caesar, Agatha Christie, Joan of Arc, Vincent Van Gogh or Charles Dickens. However, the 13-year-old has one thing in common with those famous people from the past. He, too, lives life to the fullest even though he's been diagnosed with epilepsy.

Luke is a Grade 8 student at St. Paul's junior high school in St. John's. An avid swimmer and member of the St. John's Legends swim team, Luke had his first seizure a year ago.

"We went to a time trials at the Aquarena on Easter Saturday, the 26th of March last year," his mother explains.

"Luke had gone through the early morning warm-up. He got up on the block and one of the coaches noticed that he was staring at the ceiling."

Luke did not enter the water. However, the staring was indeed a sign that he was about to have a seizure.



Luke Noftall poses with swimming medals that he's won since being diagnosed with epilepsy last year.

"They came up to the official's room where myself and Mark (Luke's older brother) were, and they said, 'Elizabeth, Luke's fallen on the pool deck.' I didn't think much of it because kids are falling all the time. But, when they got me outside the door they said, 'and he's having a seizure.' "

It was the first time Elizabeth saw anyone having a seizure. Knowing it was her son made the experience that much scarier.

"All you wait for is to see if he opens his eyes and recognizes you. That's all you want at that moment," she says.

Epilepsy is not a disease, but rather a neurological disorder of the brain which causes seizures. According to information on the Epilepsy Newfoundland and Labrador (ENL) website (epilepsynl.com) a seizure occurs when the normal electrical balance in the brain is lost. The brain's nerve cells misfire: they either fire when they shouldn't or don't fire when they should. The result is a sudden, brief, uncontrolled burst of abnormal electrical activity in the brain. Seizures are the physical effects of these bursts of electricity. Next to migraine headaches, epilepsy is the most common neurological disorder. One in every 100 Canadians is living with active epilepsy.

Luke's second seizure also occurred at the Aquarena. This time, he was in the pool. Elizabeth credits an astute lifeguard for jumping in and getting her son out of the water before he had time to go under. "I can't say enough about the aquatic staff at the Aquarena or about the support we've got from the coaches and kids and on the Legends team. They've gone out of their way for Luke," she says. At one high-profile competition, a lifeguard was assigned to watch Luke whenever he entered the pool, Elizabeth says.

Knowing her son could have a seizure at any time left her struggling to find a balance between keeping him safe but not overprotecting him.

"I was a wreck that weekend. Other people were hoping that their kids would get medals and get the times they were hoping for. And all I hoped was that he would get in and out of the pool OK." Luke had a seizure later that weekend, but not before winning gold and silver medals.

"When I have a seizure, it's like I black out and when I come to it feels like I've been sleeping for awhile. I'm really tired and I have trouble walking for about five minutes," he says.

From March to June last year, Luke had six so-called "grand mal" seizures, which involves losing consciousness, falling to the ground and convulsing.

One happened when he was home with his brother, Mark. Elizabeth and her husband, Frank, were out of town at the time. "Mark took over and knew what to do. It wasn't what I would have wished for him to have to do, but we're delighted how he handled it," Elizabeth says.

As Luke and Elizabeth sit and chat about epilepsy, Mark comes in to say goodbye to his mom and brother before heading out of town with his dad. When asked how he felt when his brother had a seizure at home, Mark says he was more scared when it was over. "I surprised myself when it was happening because I was really, really calm," the 16-year-old says.

Luke's Life cont.

After being diagnosed with epilepsy, Luke began taking medication to control his seizures. The side-effects saw him falling asleep in class during final term last year and becoming very depressed.

"He went through a very tough time last summer when they were weaning him off the first drug and trying to get the dosage up on the second one. But we took it a day at a time and we got through it," Elizabeth says.

Though he admits he wasn't easy to get along with at that point, Luke says he's grateful his buddies stuck by him.

His teacher last year, Mme. Mitchell, was also very understanding and helpful, he says. All the staff, students and teachers at St. Paul's have been very supportive, Elizabeth adds.

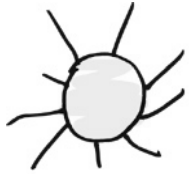
"All you wait for is to see if he opens his eyes and recognizes you. That's all you want at that moment,"

Luke admits that one of his biggest fears last spring was that he'd have a seizure at school. Shortly after her son's diagnosis, Elizabeth made sure his friends and schoolmates knew what to do in case that did happen.

Her determination to educate others about epilepsy paid off on June 16 when Luke had a seizure while walking to school with his buddy. His friend knew exactly what to do.

"Josh was with me and all of a sudden I just blacked out," Luke recalls. "All I see when I wake up is Josh sitting down by my side. He had his book bag under my head and his coat on top of it and he was calling out to the teachers in the parking lot."

That was the last of Luke's seizures. His new medication is working great, he says. His depression has long since disappeared.



Luke says it's his family, friends, teachers and swim team who should be thanked for helping him get through those difficult months following his diagnosis.



At the St. John's Legends' year-end banquet last June, Luke's teammates voted him the most inspirational swimmer.

"This was a time when he was really struggling with his meds and that support from his teammates helped him through a very tough time," Elizabeth says.

As well, she says, the staff at the Janeway's emergency department was fantastic on the three occasions that Luke was brought in by ambulance. Their sense of humour helped turn a frightening situation into a positive experience, she says.

"Each time he was there, a nurse named Jackie looked after him. She told him that they had to stop meeting like that, that people would think they were dating. He thought that was so funny. And they liked to tease him about always arriving in wet trunks and soaking their examination tables."

Both Luke and his mother have also come to rely on Sharon Penney, the Janeway's nurse co-ordinator of pediatric epilepsy.

"I called Sharon and told her Luke was doing this story. She thought it was fantastic and Luke was gung-ho about it, weren't you Luke?"

Luke nods his head. He's agreed to tell his story to help others, especially children and youth, understand that epilepsy isn't a disorder to be feared.

"I was kind of scared at first, but it's just like a roadblock in life," he says.

"Even though I have epilepsy I still played sports and I did fine. I play on my school's volleyball team and I play soccer and I mountain bike with my brother. So, really, nothing much has changed in my life."

March is Epilepsy Awareness Month and ENL has many events planned for the month, including a province-wide question-and-answer forum with two of the province's foremost authorities on epilepsy: Dr. Abayomi Ogunyemi and Dr. David Buckley.

ENL is committed to working towards awareness and understanding of the disorder during the entire year and offers a wide variety of programs and services to its members and to the public.

"They've been very helpful to us and I visit their website often," Elizabeth says.

"I get on there and I read their newsletters. There are always different stories there from people who have epilepsy. And there's certainly a lot of information there on epilepsy."

Monday, March 13, 2006

Danette Dooley, Special to The Telegram

March Awareness 2006 - Recap

March was Epilepsy Awareness Month - a special time of the year right across Canada when grassroots associations work extra hard to get the word out about epilepsy and seizure awareness. And boy did we ever this year!

Month-Long Events

At the beginning of March we launched three month-long events. One saw every pharmacy in Nf and Lab receiving information to be publicly displayed and distributed to their customers.

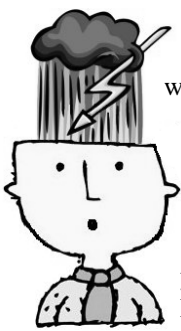
Another saw us working with Toys R Us. During the month of March, every child that came into their store received a free Seizure Activity Book, filled with stories and puzzles to teach all about epilepsy. Through the course of the month we reached over 1000 kids. Now that's a lot of learning!

The third saw the beginning of a new project that will hopefully expand with time. Every single medical clinic in the St. John's, Mouth Pearl and Paradise areas received resources to set up in their waiting rooms as well as additional resources to hand out to patients needing information. I'm hoping that over the course of the year we can do the same in almost all the clinics in the province. If you are able to help, please let me know.

Presentations and Information Sessions

What chances to talk with people during March! I did many different information sessions and talked with a ton of folks from students to teachers to waitresses to care workers, and lots in between. Everyone got the opportunity to learn seizure first aid, to understand what epilepsy is, and to hear the stories of people who live with epilepsy every day. Over the course of the month we did sessions with over 300 people.

Brainstorm



The Brainstorm competition was one of the most exciting events of the month. Brainstorm is an international event for Brain Awareness Week, which coincidentally falls during the middle of March. There were over 40 students from 5 different schools competing against each other to answer questions on the brain and its functions. In previous years ENL has been involved as one of the guest questioners. This year, in partnership with the MUN School of Medicine, we helped to arrange, and quiz the students till only one remained. Some excellent prizes were given and everyone went home with not only a prize, but a better understanding of the brain as well.

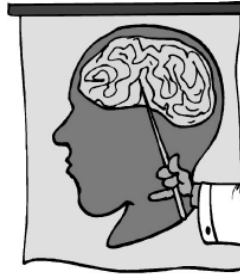
ENL and the Media

Famous? Well not quite!, But in March we did have several media events. Later in this newsletter you can read all about *Luke's Life*, a story that we worked in conjunction with *The Telegram* to bring to the public and share the inspiring story of Luke and his struggle and successes with epilepsy.



Additionally, on two occasions during March I was interviewed on radio to talk about epilepsy awareness and the services of Epilepsy Newfoundland and Labrador. Once with CHMR MUN Radio, and once with VOAR. Would you like someone on your favorite radio station to air something about epilepsy? Let them, and us know, and we will do our best to arrange it.

Provincial Question and Answer Forum and Teleconference



Our signature event of Epilepsy Awareness month has always been the Question and Answer forum. This year was no exception. In fact, this year we were so overwhelmed with requests for participation that we had to have a waitlist.

We were honoured this year to be joined not only by Dr. Ogunyemi, but also Dr. David Buckley, one of the provinces foremost pediatric neurologists.

The Best Western Travellers Inn once again generously donated the use of one of their board rooms, where we welcomed 45 participants, both in person and via teleconference from around the province. We had folks join us from St. John's, Corner Brook, Burin, Terrenceville, Fogo, St. Lawrence, St. Anthony, Wabush, and Twillingate-New World Island.

Questions varied from a focus on personal symptoms, to inquiries regarding shunts, the possibility of brain damage from seizures, learning and epilepsy, myoclonic seizures, medication side effects, surgery, and many others.

The forum was an overwhelming success, and we offer our very special thanks to both Dr. Ogunyemi and Dr. Buckley for providing their knowledge and guidance.

Asked and Answered

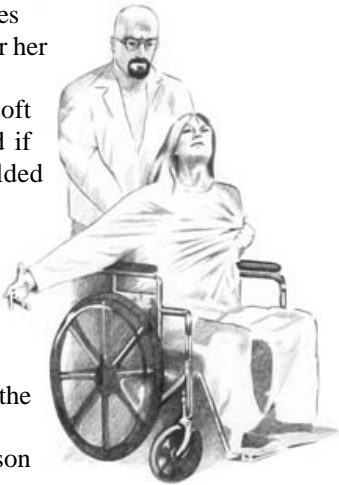
Q *I am a care giver to a child who has seizures. He is in a wheelchair, and there has been some argument over if we should take him out of his chair when a seizure happens or not. What should we be doing?*

A Excellent question, and one I get asked a fair bit. Knowing what to do when someone has a seizure can be stressful enough in the moment. When someone in a wheelchair has a seizure, it can complicate matters even further. Fortunately, the accommodations for seizure first aid when someone is in a wheelchair are fairly straightforward.

For someone having a tonic-clonic seizure in a wheelchair or a child having a seizure in a stroller.

During the Seizure

- Keep calm and let the seizure run its course, you cannot stop it.
- Hold up the wheelchair and ensure the brakes are on to protect him or her from injury.
- Place something soft under/behind the head if there is no moulded head-rest.
- Check whether you need to move any hard objects that might hurt arms and legs in particular.
- Do not put anything in the person's mouth.
- Do not hold the person down
- Unless the person is falling out of the chair, leave them where they are. It is safer **not** to move them, and the chair will provide some support.



After the Seizure

- Set the wheelchair to a "partial recline" position (not "full recline").
- Gently turn the person's head to the side to let the saliva flow out of the mouth.
- Let the person rest or sleep if it is needed.
- Reassure the person and tell them what has happened.
- Be comforting and calm as awareness returns.

Medication Profiles

Neurontin (gabapentin)

What is Gabapentin

Gabapentin affects chemicals and nerves in the body that are involved in the cause of seizures and some types of pain. The exact way that it works is unknown. Gabapentin is used with other drugs in the treatment of some types of seizures and for the management of postherpetic neuralgia (nerve pain caused by the herpes virus or shingles). Gabapentin is most often used for treatment of simple partial and complex partial seizures as well as secondarily generalized seizures.

What are the most important things to know?

If you are taking gabapentin for seizures, do not stop taking gabapentin even if you feel better. It is important to continue taking the medication to prevent seizures from recurring.

Antacids will decrease the amount of gabapentin absorbed in the stomach. Do not take gabapentin for at least 2 hours after a dose of antacid.

Gabapentin may increase the effects of other drugs that cause drowsiness, including antidepressants, alcohol, antihistamines, sedatives (used to treat insomnia), pain relievers, anxiety medicines, and muscle relaxants.

Gabapentin may cause dizziness or drowsiness.

Side effects of Gabapentin

If you experience any of the following serious side effects, stop taking gabapentin and seek emergency medical attention:

- an allergic reaction (difficulty breathing; closing of the throat; swelling of the lips, tongue, or face; or hives).

Other, less serious side effects may be more likely to occur. Continue to take gabapentin and talk to your doctor if you experience

- dizziness, poor coordination, or drowsiness;
- blurred or double vision;
- irregular back-and-forth movements of the eyes;
- nausea and vomiting; or
- tremor.

If children 3 to 12 years of age experience any of the following serious side effects, contact your doctor immediately

- emotional liability (anxiety, behavior problems, crying, false sense of well-being, mental depression, reacting too quickly, too emotionally, or overreacting, rapidly changing moods);
- hostility (aggressive behavior, suspiciousness, or distrust);
- restlessness, hyperactivity or increase in body movements;
- amnesia (loss of memory); or
- thought disorders (concentration problems/change in school).

Side effects other than those listed here may also occur. Talk to your doctor about any side effect that seems unusual or that is especially bothersome.



Announcements and Notices

New Website and Email Address for ENL

Epilepsy Newfoundland and Labrador has moved! Old news you say? Well not quite. This time we're talking about our website and email. If you want to reach us here via email or our website, just point your mouse to these addresses:

Website -
www.epilepsynl.com

For general information, epilepsy information or to reach Pam Anstey, Information Officer - info@epilepsynl.com

For fundraising information, lavender bracelets, or to reach Bonnie Green, Special Events Coordinator - specialevents@epilepsynl.com



New Teacher's Guide

For the last couple of months we have been working on a brand new version of our current booklet called "The Student With Epilepsy - A Teacher's Guide".

When this new edition is completed, it will be available free of charge to any member who might like a copy or two to pass along to teachers, caregivers, group leaders, and anyone who has an interest in learning more about helping a child with epilepsy.

Let me know if you would be interested and I will keep your name to forward your copies when the edition is complete.



Another Forum?

With the success of our most recent Question and Answer Forum during March, we have been thinking about perhaps having another one.

What sort of speaker would you be interested in? What sort of format? If you have any ideas or thoughts on what YOU would like to attend, please let me know. You can contact Pam by email or by telephone.



Volunteers Needed

We are hoping to be able to put information and posters in various medical clinics, waiting rooms, hospitals, Health and Community Services offices and other public areas throughout the province. But as you can imagine, mailing a box of resources to each of these office in every community would be an enormous expense in postage.

We are looking for volunteers from across the province who would be willing to distribute posters and information throughout your hometown. This would save us lots in postage by only having to mail one box per community and keep donations going to programs and services instead of Canada Post.

If you can help, please call Pam at the ENL office at 1-866-374-5377, or email info@epilepsynl.com.



A friend recently took his two-year-old daughter to the home-improvement store. His daughter quickly became tired of walking, so he let her ride on his shoulders. But soon after he began carrying her, she began pulling on his hair. Although he asked her kindly to cease pulling his hair several times, she kept on. Getting fairly annoyed, he began to severely scold her.

"But, Daddy," she replied, "I'm just trying to get my gum back."

Door To Door Campaign

Hi Everyone!

My name is Marilyn Murley and this is my first year as the Door to Door coordinator for Epilepsy Newfoundland and Labrador. Everything is brand new to me so I am learning as I go along.



Another successful March Door to Door Campaign has just passed us by. It could never have been the success it was without the help of our dedicated team of volunteers from right across the entire province.

We have received quite a number of our kits back so far, but there are still a number outstanding. If you have one of the outstanding kits, please get it back to us as soon as you can so we can get our project completed for another year.

We have also drawn for the winners of several special prizes from among our collectors and zone captains.

The winner of the \$100 Club - from all who raised \$100+:

☞ **Clara Budgell** of Grand Falls-Windsor who wins a beautiful vintage porcelain doll.

The winner of our Zone Captains Award:

☞ **Selina Vallis** of Coombs Cove - who wins a framed print depicting a winter mummering scene. It's not usually proper to tell a lady's age, but we wanted to make note that Selina is a wonderful 80 year old lady who has been a zone captain with us for several years now.

The winners of our Canvassers Draws:

☞ **Kathleen Power** of Labrador city - who wins a beautiful hand enameled butterfly brooch.

☞ **Evelyn Gosse** of Spaniards Bay - who wins a locally crafted pewter pitcher plant pin.

☞ **Cindy Cox** of St. Alban's - Who wins a sparkling silver swan brooch accented with rhinestones.

I would like to take this opportunity to thank every canvasser and zone captain who so willingly gave of their time and efforts to make this campaign a success, as well as a thank you to everyone who donated even a little. Your efforts will go a long way towards the promotion of epilepsy support and awareness in Newfoundland and Labrador.

Marilyn Murley, Campaign Coordinator

Special Events Notes

Spring has arrived! And with it I have been on the hop with several fundraising events and activities.

The end of March saw us drawing for our Tufting Artwork by artisan Derrick Hewitt valued at over \$2000. Tufting is the native traditional art of tying strands of moose, caribou, and other animal hair into a stunning three-dimensional artwork creation that literally leaps off the background.

You cannot buy Mr. Hewitt's works, he makes them solely to donate to charities. Complete with certificate, this stunning framed and matted creation depicts a winter scene in Newfoundland and Labrador. The picture shown here doesn't even come close to doing justice to the depth and detail of this work.



The winning ticket, drawn March 31/06 at the ENL Office was:

Martin Whalen of Bell Island Ticket number 251

Upcoming for the rest of April we have some social outings planned including

- April 7th - a night of 50/50 at Tol's Time Out

- April 21st - a night of 50/50 at Chateau Park

- April 25th - Texas Hold'Em Poker tournament at the Pot of Gold in Pleasantville

- April 28th - A night of 50/50 at the Bella Vista

If you would like more information on any of our events, or have an idea for other events, give me a call. I would also like to thank everyone who has supported us with our past events. You made them a success.

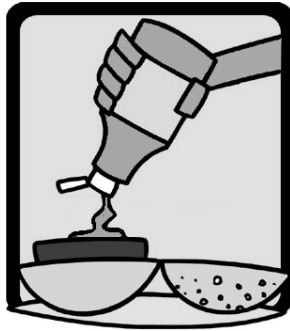
Bonnie Green, Special Events Coordinator

If your dog is fat, you probably aren't getting enough exercise.

A Little Time Out

Ketchup or....?

A woman was trying hard to get the ketchup to come out of the jar. During her struggle the phone rang so she asked her 4-year-old daughter to answer the phone.



"It's the minister, Mommy," the child said to her mother. Then she added, "Mommy can't come to the phone to talk to you right now. She's hitting the bottle."



My face in the mirror
Isn't wrinkled or drawn.
My house isn't dirty.
The cobwebs are gone.
My garden looks lovely,
And so does my lawn.
I think I might never
Put my glasses back on.

Catching her 3-year-old granddaughter in the act of eating her sister's snack, Susan confronted her about her conduct.

"Are you eating your little sister's grapes?"

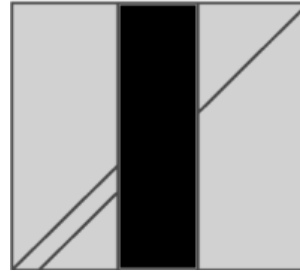
"No," her granddaughter replied, "I'm helping her share."

What a Family!



At a family reunion were the following people: one grandfather, one grandmother, two fathers, two mothers, four children, three grandchildren, one brother, two sisters, two sons, two daughters, one father-in-law, one mother-in-law, and one daughter-in-law. But not as many people attended as it sounds. What is the least number of people who could have attended, and who were they?

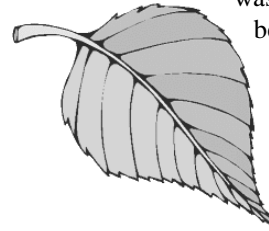
Which Line is Which?



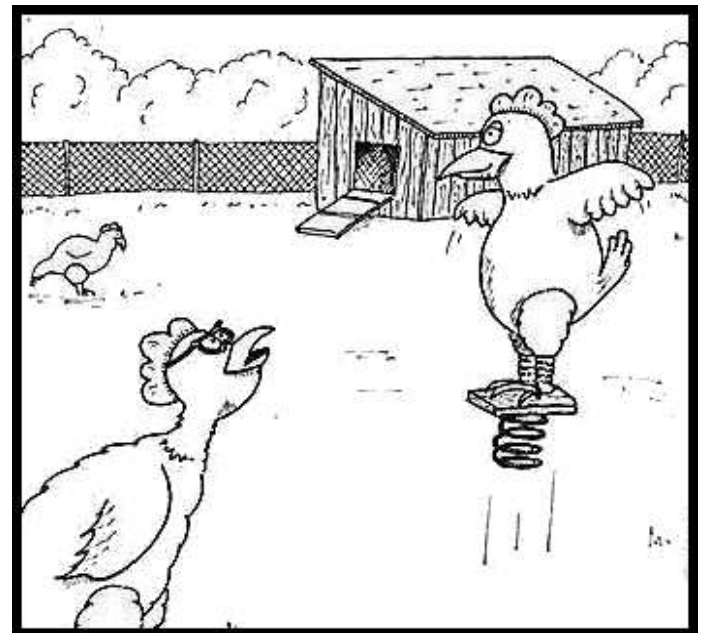
Without checking, which of the two lines on the lower left is the continuation of the line on the upper right?

Long Lost Laundry?

A little boy opened the big family bible. He was fascinated as he fingered through the old pages. Suddenly, something fell out of the Bible. He picked up the object and looked at it. What he saw was an old leaf that had been pressed in between the pages.



"Mama, look what I found", the boy called out. What have you got there, dear?" With astonishment in the young boy's voice, he answered, "I think it's Adam's underwear!"



Face it Bertha Dear, you're no spring chicken anymore.

Bits and Pieces

Epilepsy Awareness Wristbands

We're bringing epilepsy into the light with our new lavender wristband, with OUT OF THE SHADOWS on one side, and our national website, www.epilepsymatters.com on the other.

For too long people with epilepsy and their families have been hesitant to speak of the disorder publicly due to myths that surround the disorder. Because no one spoke out, it was often difficult for the public to understand that individuals with epilepsy are no different than you or I.

Lavender is the internationally recognized colour associated with epilepsy and seizures, and the lavender flower is a symbol for things that are hidden or isolated, much like epilepsy. Because epilepsy is often controllable, it becomes invisible to most people, becoming something scary and unknown. It is by stepping out of the shadows that epilepsy will be understood, the stigma eliminated, and people who live with seizures more accepted.

We still have a few wristbands left.

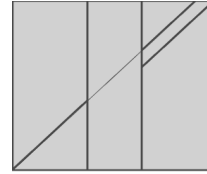
Get yours for only \$3.00 from Epilepsy Nf. & Lab.

Every penny stays right here in our province to help individuals and families dealing with epilepsy and seizures everyday.

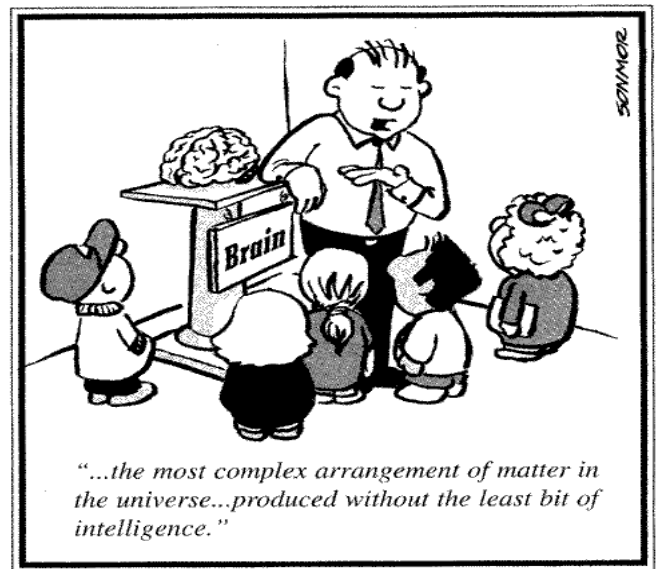
If you should happen to have any neat ideas for awareness or fundraising, we would love to hear them. Please drop us a line at the ENL office.

Puzzle Answers

What a Family! - There were two little girls and a boy, their parents, and their father's parents, totaling seven people.



Which Line is Which?



I Would Like To Help in the Fight Against Epilepsy

- I am enclosing a donation of \$_____
- I would like to become a member of Epilepsy Newfoundland and Labrador. I am enclosing my \$5.00 membership fee.
- I would like to become a volunteer. (We can use volunteers from right across the province)

Name: _____ Email: _____

Address: _____ Phone: _____

If you would prefer to use your credit card, please complete the following:

Type of card: _____ Account #: _____ Expiry Date: _____

Signature: _____ Date: _____

Clip and mail this form to Epilepsy Newfoundland and Labrador - 26 O'Leary Avenue, St. John's, NL A1B 2C7